SLIDING SCALE FEE APPLICATION

Allies in Change is committed to making counseling and behavioral intervention services accessible regardless of financial circumstances. Individuals experiencing financial hardship may apply for reduced program fees through this application.

Eligibility for reduced fees is determined based on household income, financial obligations, and supporting documentation and may reference Federal Poverty Guidelines. Reduced fees may result in services being provided below the organization's standard program rates as part of Allies in Change's charitable mission to ensure access to services for individuals experiencing financial hardship.

Client Information:

Name(s):_____ Date:_____
Address:_____ City:_____ State:_____ Zip:_____
Phone (1):_____Phone (2):_____
Occupation(s):_____Hours/Week:_____ Hourly Rate/Salary: $_____

Earnings:

Last year's earnings: $_____Current monthly income: $_____ Household Income: $_____
Partner's Income: $_____ Total in checking and savings account(s): $_____

Total Additional Income (i.e. stocks, child support, unemployment, parents, trust funds, spousal support, etc): $_____

Expenses:

Number of Dependants: _____ Rent / Mortgage: $_____ Car Payment(s): $_____
Household Size: _____Additional expenses: _____

Please list the *make, model* and *year* of all cars in your family's possession:

1._____ 2._____ _____3._____
(Year) (Model) (Make) (Year) (Model) (Make) (Year) (Model) (Make)

Documentation:

Please submit the following documentation in addition to the information given above:

- ***Proof of income(s) (i.e. pay stubs, bank statements) &***
- ***Last year's tax return(s)***

Are you currently receiving any of the following benefits?
□ SNAP □ Medicaid / OHP □ TANF □ Unemployment benefits □ Other public assistance

This information is necessary to adequately determine your counseling payment rate, as well as consider your application for a reduced fee.

Sliding scale determinations are valid for **six (6) months** and may be reassessed if a participant's financial circumstances change. To re-apply for a reduced fee, you may submit a new Sliding Scale Application up to one month prior to its expiration.

By signing this document, I/we certify that this application and the accompanying information I/we have submitted is true and correct. Any willful deception or withholding of pertinent information will result in the permanent removal of my reduced fee privileges. Additionally, if my/our employment status or income changes, I/we are bound to report those changes to Allies in Change. I/we further understand that a reduced fee is a privilege and approval of my Sliding Scale Application does not *guarantee* any particular fee for any particular length of time. Allies in Change may request updated documentation or reassess fees if financial circumstances change.

Client Signature: _____ **Date:** _____
*Unless otherwise specified, the assigned counseling rate will retroactively apply to your account from the date the completed application was submitted.

For Office Use Only: Approved: □ Yes □ No Approved Rate: $_____ Approval Date (if applicable): _____

Authorizing Signature: _____ SS APP 6/12 **Date:** _____